

The State of New Hampshire

_____ COUNTY

PROBATE COURT

IN RE: Estate of _____

DOCKET NUMBER: _____

AFFIDAVIT OF NURSING HOME ADMINISTRATOR (RSA 151-A:15)

I, _____, on oath depose and say as follows:

1. I am the Administrator of _____; its address
(Name of nursing home)
is _____ and telephone number is _____
2. _____ was a resident at the above-named nursing home. His/her Medicaid number was _____.
His/her social security number was _____.
3. It has been more than 30 days since the death of the resident (decedent) on _____.
(Date of death)
4. After undertaking a reasonable effort, and making reasonable inquiry to ascertain the facts, to the best of my knowledge and belief: (Check the appropriate box below.)
The above-named decedent has no known heirs at law or legatees.
The above-named decedent has known heirs at law or legatees who are listed below.

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
5. No one has filed for administration under RSA Chapter 553.
6. The gross value of the decedent's personal property remaining at the nursing home, including the patient account, is \$ _____ (no more than \$2,500).
7. I have listed below all known debts of the decedent. (Attach additional sheet(s) if necessary.)

Description of Debt	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
8. I certify, in accordance with Probate Court Rule 21, that I have sent copies of this affidavit by first class mail to the following:
 - (a) Department of Revenue Administration, Post Office Box 457, Concord, NH 03302-0457;
 - (b) Office of Estate Recoveries, Department of Health and Human Services, 6 Hazen Drive, Concord, NH 03301; and
 - (c) all known heirs at law and legatees as listed in #4 above.

In Re: _____

9. I request authorization by the Court to pay all known debts of the decedent in accordance with statutory priorities, and to disburse any remaining funds to all known heirs at law or rightful legatees under the decedent's will; and in the absence thereof, I request authorization to pay any remaining funds into the treasury of the county where the deceased was domiciled in accordance with RSA 151-A:15. I further request the Court to grant this authorization no sooner than 60 days, and no later than 180 days, after the date of filing.

Date: _____

Nursing Home Administrator Signature

THE STATE OF NEW HAMPSHIRE

COUNTY

DATE _____

Personally appeared the above named nursing home administrator and made oath that the foregoing statements made are true, according to the petitioner's best knowledge and belief. Before me,

My Commission Expires _____
Affix Seal

Justice of the Peace/Notary Public

ORDER

- ☐ Authorization is Granted for the Nursing Home Administrator to pay all known debts of the decedent, as enumerated in #7 above or on the attached sheet(s), in accordance with statutory priorities, and to disburse any remaining funds to all known heirs at law or rightful legatees under the decedent's will; and in the absence thereof, the Nursing Home Administrator is authorized to pay any remaining funds of the decedent into the treasury of the county where the deceased was domiciled in accordance with RSA 151-A:15.
- ☐ Authorization is Denied for the following reasons:

Date: _____

Judge